Work Group #1
Designation, Verification and Certification

Chair

Dr. Kay Moshini

Purpose

- Utilizing the Perinatal Guidelines Levels of Care as a foundation, determine how birth hospitals will be designated, verified and certified.

Perinatal Guideline Recommendations that apply

▸ Develop a method of authoritative recognition of levels of NICU care and establish a statewide mechanism to oversee and enforce adherence to the Michigan guidelines to ensure that hospitals and NICUs care for only those mothers and neonates for which they are qualified

▸ The Guidelines should be periodically reviewed and updated as new data occur and recommendations from national groups are made.

▸ If the authoritative recognition of levels of care is through the Certificate of Need process, create a provision to retrospectively change a hospital's perinatal level of care designation

Things to Consider

▸ Currently there are 83 birth hospitals in the State

▸ Should hospitals self designate or should there be a verification process that determines the designation?

▸ Who is responsible for the process?

▸ What are the costs?

Workgroup Members

- MDCH
  - Division of Family and Community Health
  - Children Special Health Care Services
  - Medicaid Actuarial
  - Certificate of Need
  - Licensing and Regulatory
- Level III hospitals
- Michigan Health and Hospital Association
- Blue Cross/Blue Shield of Michigan
- Michigan State University

Workgroup Activity

- First conference call/meeting – November 16, 2011
- Calls held approximately every two weeks.
- Survey of members regarding general process occurred in December
- Flow chart delineating process developed
- Draft wording for Administrative Rules developed
- Review of other States' process
- Structural processes developed and time frames

Why Is The Process Needed?

- Quality
- Consistency
- Safety
- Education
- Structure (Capacity and Support)
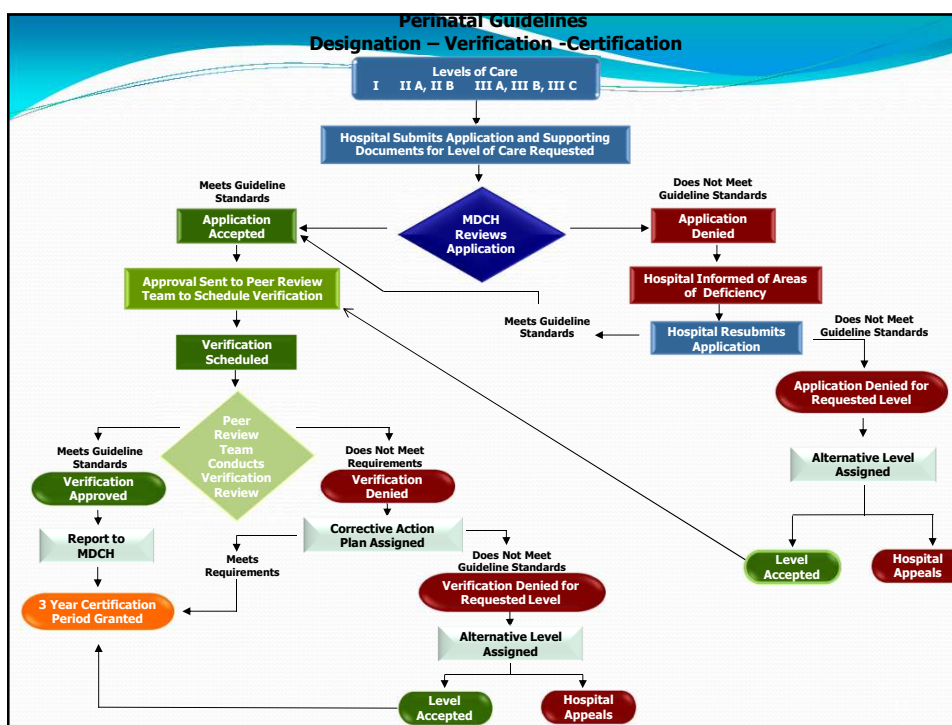- Data
- Cost Containment

Workgroup Process: Survey

- Survey conducted of all members on key components of designation, verification and certification process to determine the strategy.
- Out of 16 members at that time, 12 responded.
- Consensus was obtained on areas of application, how to designate, who conducts reviews, authoritative body, noncompliance and an Advisory Committee.
- Positive responses to questions ranged from 64% to 100% for the process discussed.

Survey Questions

- MDCH needs to be the responsible agency but that parts of the process could be completed with cooperation and collaboration with other agencies and organizations. Yes 100% No 0%
- The hospitals would be given a designation based on their application and self-assessment and supporting evidence. Yes 90% No 10%
- A team would conduct verification upon approval of the application and every three years. An annual update and report would be required from all hospitals.
  Yes 100% No 0%

Survey Questions Cont.

- There needed to be sanctions and revoking of the hospital's certification for noncompliance to the guidelines. Yes 80% No 20%
- An advisory committee was also needed to assist in the process. Yes 80% No 20%
- MDCH delegating to another agency/entity that they would be accountable to them to do the actual verification reviews of the hospitals. Yes 70% No 30%
- The State needs to involve the people/hospitals directly as survey teams to keep everyone engaged. Yes 60% No 40%

Perinatal Guidelines
Designation – Verification -Certification

Levels of Care
I   II A, II B   III A, III B, III C

Hospital Submits Application and Supporting Documents for Level of Care Requested

MDCH Reviews Application

Meets Guideline Standards
Application Accepted

Does Not Meet Guideline Standards
Application Denied

Approval Sent to Peer Review Team to Schedule Verification

Hospital Informed of Areas of Deficiency

Verification Scheduled

Meets Guideline Standards
Hospital Resubmits Application

Does Not Meet Guideline Standards
Application Denied for Requested Level

Peer Review Team Conducts Verification Review

Meets Guideline Standards
Verification Approved

Does Not Meet Requirements
Verification Denied

Alternative Level Assigned

Report to MDCH

Corrective Action Plan Assigned

Does Not Meet Guideline Standards
Verification Denied for Requested Level

Level Accepted

Hospital Appeals

Meets Requirements

3 Year Certification Period Granted

Alternative Level Assigned

Level Accepted

Hospital Appeals

Processes

- Application
- Application Acceptance/Application Denial
- Verification Review
- Certification
- Corrective Action Plan
- Appeal
- Annual Report
- Sanctions
- Advisory Committee
- Review Team

Application Process- Key Points

- All hospitals will apply for their desired designation. If the level desired is regulated by CON, the hospital must meet all the requirements in their Standards.
- The application process and verification process will be conducted over a 3 year time frame.
- One third of each level of hospital (I, II, and II) will apply and have a verification review each year.
- By the end of year three all hospitals will have completed the designation and verification process.
- A fee will also be set for the application process and will be based on the Level being applied for and the number of beds the hospitals has.

Application Acceptance – Key Points

- A hospital will be notified of the acceptance of their application for the designation requested. A formal letter from MDCH will be sent to the hospital and to Certificate of Need and licensing.
- The hospital will be informed of the preliminary designation until they have their on site verification review can be accomplished.
- The hospital will be put into the schedule for a verification review and will be provided the approximate date that it will occur.

Application Denial-Key points

▶ If a hospital's application is not accepted for the designation applied for either due to lack of supporting documentation or incompleteness of the application, MDCH will send a formal letter to the hospital with the application deficiencies.

▶ The hospital may resubmit the application for the same designation with a complete application and supporting documentation.

▶ The hospital may resubmit for a different designation Level with a complete application and supporting documentation.

▶ This resubmission must be completed within 60 days of the notification of denial.

Verification Review- Key Points

● Once the hospital's application has been approved for the requested designation, the hospital will be scheduled for their on-site verification review.

● The verification tool will be developed by MDCH with the assistance of individuals representing all three levels of care hospitals.

● The hospital will be provided the time line for the "Peer Review Team's" report to MDCH.

Certification- Key points

- Based on the recommendation and results of the review, MDCH will send a formal response to the hospital within 30 days from the conclusion of the review.
- The response will notify the hospital of: approval of their designation and those deficiencies requiring a Corrective Action Plan or disapproval of their designation and deficiencies that require a Corrective Action Plan.
- All final certification designations of hospitals will be posted on the MDCH website along with their next schedule verification date.

Corrective Action Plan-Key Points

- A satisfactory Corrective Action Plan will result in the hospital receiving their applied for designation as a formal certification. This certification will be good for 3 years.
- A needs modification Corrective Action Plan will be sent back to the hospital with the areas that need to be corrected or changed.
- A hospital with an unsatisfactory Corrective Action Plan to meet the desired designation that they have requested will be provided with a written denial with two options: alternative level designation, if appropriate, or no level of designation and not certified.

Appeal-Key Points

- Hospitals that are not satisfied with the Certification given to them by MDCH or want to appeal the non-certification of their facility may do so according to the Appeal Process that is currently in effect.

Annual Report-Key Points

- The annual report will be required of all hospitals for non-verification review years.
- The report format will be developed by MDCH but will include a narrative report on the previous year and the current year activities.
- MDCH will evaluate the feasibility of incorporating this report into existing required reports already being submitted.

Sanctions-key Points

- All hospitals will be required to participate in the Designation, Verification and Certification process.
- Noncompliance to requirements may lead to sanctions levied against the hospital including loss of their desired designation.
- All efforts will be made to work with the hospital that is not in compliance.

Advisory Committee-Key points

▶ The following actions may/would be presented to the Advisory Committee for input and oversight:
  ◦ Application process results: number approved, in process, denied, in process of resubmission.
  ◦ Denial of a hospitals application and reasons
  ◦ MDCH change in the designation approved for the hospital and reason
  ◦ Verification review status and results
  ◦ Appeals of designation denials or certification granted
  ◦ Hospitals not in compliance to requirements and to receive sanctions.

Review Team- Key points

- The verification review team will be made up of individuals representing the Designation Level from other hospitals outside of the applying hospitals service area.
- These teams will be called "Peer Review Teams".
- The "Peer Review Team" would require hospitals to provide in kind (approved time to help in the review process) support to allow one or more of their employees/staff to serve.

Review Team- Key Points

- The "Peer Review Team" would be multidisciplinary and would include physicians and nurses. Additional team members may include a Respiratory Therapist and Pharmacist.
- Training for all reviewers would be developed by MDCH for consistency of reviews and adherence to MDCH requirements.

Next Steps

- Present the recommendations to two membership committees within the Michigan Health & Hospital Association: The MHA Quality and Accountability Committee and the MHA Council on Small or Rural hospitals.
- These MHA Committees will have the opportunity to provide feedback to the work group and to take a position on the recommendations.
- If supported, MHA will be able to provide the necessary people within the workgroup contact information for those at the hospital level that may be able to assist with the process.

Next Steps

- Gather support for process from hospitals
- Draft Administrative Rules using:
  - Trauma System Administrative Rules
  - Statewide Coordinated Regional Perinatal Guidelines
  - Designation, verification and certification flow chart
  - Process document

Thank you Work Group #1

Questions